



Procedure: Issuance of Single-User Breast Pumps

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Purpose

To enable WIC breastfeeding mothers who need help in maintaining an already established milk supply to maintain breastfeeding and increase the duration of breastfeeding in cases such as return to work or school or other special circumstances.

When to Issue a Single-User Electric Breast Pump

The local agency staff shall provide single-user electric breast pumps to WIC breastfeeding mothers when needed to assist mother/baby breastfeeding pairs when needed to manage breastfeeding.

Single-user electric breast pumps may be provided to breastfeeding participants who are fully breastfeeding and/or not receiving any formula from WIC and their infant is at least 4-6 weeks of age.

Guidelines for Single-User Electric Breast Pump

It takes about 4-6 weeks of exclusive breastfeeding for a woman's milk supply to be well established.

- *Single user electric breast pumps should not be issued before this time.*
- A single-user electric breast pump is not strong enough to establish a mother's milk supply.
- Single-user breast pumps should never be used by more than one person.

Single-user electric pumps are available for breastfeeding mothers who need help maintaining milk supply and who have expressed genuine interest in breastfeeding exclusively for a goal of 6-12 months. The two primary goals of this type pump are:

- To help WIC mothers maintain adequate breast milk production so no formula is needed for the infant.
- To reduce the time and cost of WIC staff to follow up on loaned pumps for lower risk situations.

Issuance of Single-user Electric Breast Pump

Before receiving a breast pump, mothers shall be trained by WIC staff on assembly, use, and cleaning of the breast pump and collection kit and expression and storage of human milk.

WIC staff providing breast pumps to clients shall have been previously trained on breast pump assembly, use, and cleaning, and expression and storage of human milk.

WIC staff shall not issue a single-user electric breast pump and multi-user electric breast pump to a participant at the same time. The multi-user electric breast pump shall be returned to the clinic before a single-user electric pump may be issued. A single-user electric breast pump may be issued the same day a multi-user electric pump is returned, if it is determined the WIC participant needs it to maintain milk supply.

WIC staff shall not issue a replacement electric pump until a participant returns the broken or defective electric breast pump to the clinic.

***Single-user Pump with
Partial Breastfeeding***

If a mother has been issued a single-user pump and later requests formula supplementation, staff must refer the participant to a CPA staff member trained in lactation management for counseling.

The WIC staff will discuss with the mother her reasons for wanting to supplement with formula to determine if supplementation is the best solution to her need or if other support can be provided.

If the infant is to receive formula, the minimal amount of formula should be issued to support maximum breastfeeding. The mother should be encouraged to continue using the pump for as long as it is supportive.

Remind mothers that the pumps are for one user only and should not be resold, lent or shared with others.

***Maintaining
Single-User Electric
Breast Pump Log***

The participant's ID number and reason for issuance shall be recorded on the single-user electric breast pump log when a pump is issued.

The breast pump log should be maintained in a central file at the local agency to be available for audit purposes.

***Breast Pump
Release Form***

A Breast Pump Release Form/Loan Agreement must be completed for every client prior to issuance of any pump.

If a participant cannot read, the loan/release form shall be read to the participant.

The release form shall be signed by the WIC participant and the WIC staff member who conducts the training. The release form shall be placed in the participant's file.

Follow-up

Clients issued an electric breast pump should be followed up within 48-72 hours of pump issuance to determine if the pump is operating correctly and if she is experiencing any problems using the breast pump. Clients should be instructed to stop using the pump if discomfort occurs and to contact the clinic as soon as possible.

Clients issued an electric pump should be referred to a breastfeeding peer counselor for continued breastfeeding support.

***Storage of Electric Breast
Pumps and Collection
Kits***

Electric breast pumps, collection kits, and other breastfeeding aids shall be stored in a locked area or cabinet(s).

All new pumps and collection kits shall be stored in unopened packaging, as received from the manufacturer.

Each single-user pump should be labeled with a "not for resale" and/or "single user only" statement.

***Local Agency Request
for Electric Breast Pumps***

Single-user electric breast pumps are not available in all WIC Local Agencies. Local agencies that wish to implement an electric breast pump loan/issuance program must submit a request to State WIC Breastfeeding Coordinator for approval.

Breast Pump Release Form/Loan Agreement

FOR ALL BREASTPUMPS:

- I request a breast pump from WIC so that I can provide breast milk to my baby.
- I have been given the breast pump indicated below.
- The use of the pump has been explained to me and I fully understand how to use it.
- I have been shown how to assemble, use and clean the pump and how to safely collect and store my milk.
- For baby's health, I understand that this pump is for my use only. I will not give or sell this pump to anyone or let anyone else use it.
- I understand that the WIC Program, its employees, and the Nebraska Department of Health and Human Services are **NOT** responsible for any personal damage caused by the use of this breast pump or caused by information and instruction provided by WIC staff.

FOR LOAN of ELECTRIC BREAST PUMPS

- I understand that this pump is the property of the State of Nebraska WIC Program.
- I agree to return the breast pump or pay the WIC program back for the cost of the pump (\$500).
- I will contact the WIC Office if I cannot return the pump on time or if I would like to use it longer.
- I will be responsible with this pump and return the pump in clean condition. I will not smoke around the pump. I will handle the pump with care and protect it from loss or theft.
- I will report any loss, theft, breakage, or damage to the WIC Program immediately. If the pump is lost or stolen, I will not receive a replacement pump.
- I will contact the WIC Program if I move or change my phone number.
- I will return the pump clean and in good condition to the WIC office by _____.
- If I don't return a loaned pump within 15-days of the return date, I understand the clinic will file a stolen property report with local authorities.
- I understand WIC may contact me to provide breastfeeding support and discuss my need for the pump.
- I agree with these conditions.

WIC Client Signature _____

Phone Number _____

Date _____

Address _____

I give WIC staff permission to contact the following person(s) if I cannot be reached:

NAME & PHONE NUMBER

Call the WIC Program at _____ if you have problems with this pump or need help pumping.

Client ID# _____

Client Name: _____

Type of pump issued: Manual

Electric—Lactina

Electric—Pump in Style

Collection Kit Y N

Serial # _____

Pump # _____

Pump Issued by: _____

Reviewed _____ Pumping Plans

_____ Storage of breast milk

with _____ Breast pump assembly

_____ Hand expression

Date Pump Issued: _____

Client: _____ Breast pump use

_____ Who to call for help

Follow-up Date: _____

_____ Breast pump cleaning

_____ Returning to work/school

Sign below when pump is returned

Was this pump helpful to you? Y N

Participant signature _____

date pump
returned

Condition of Returned pump: _____

Staff signature _____

Original to participant file—copy to participant

Breast Pump Questionnaire

Name: _____

Date: _____

Answering these questions will help us determine what type of breast pump would be most beneficial for you and your baby:

Did you use a pump in the hospital? Yes No

Do you have a pump? Yes No

If yes, what kind? _____

Where did you get the pump? _____

Please tell us more about your need for a breast pump.

1. I need a pump:

- ☐ To use a few times a week. I am with my baby most of the time.
- ☐ I am returning to work or school part-time.
- ☐ I am returning to work or school full-time.
- ☐ I am having breastfeeding problems. The problem I am having is _____
- ☐ My baby is unable to breastfeed because: _____
- ☐ Other: _____

2. How long do you plan to breastfeed? _____

3. When you are away from your baby, what would you like to feed your baby?

- ☐ Breast milk only
- ☐ Formula only
- ☐ Both breast milk and formula

4. If you are returning to work or school, answer these questions:

- a. How old will your baby be when you return to work/school? _____
- b. How many days a week will you be working/attending school? _____
- c. How many hours will you be away from your baby each day? _____
- d. Will your work/school schedule allow for breaks every 3-4 hours? Yes No Unsure
If yes, how long will your breaks be? _____
- e. Will you have a private place with electricity to pump? Yes No Unsure
- f. Is your employer/school supportive of breastfeeding? Yes No Unsure
- g. Is your childcare provider supportive of breastfeeding? Yes No Unsure

5. Is your family supportive of you breastfeeding? Yes No Unsure

Staff Use Only

Recommendation for type of pump needed, if any:

- ☐ Manual Reason: _____
- ☐ Loaned Electric—Lactina
- ☐ Single-User Electric—Pump in Style

Notes:

Staff Signature: _____

Date: _____

ISSUANCE AND INVENTORY LOG FOR SINGLE-USER ELECTRIC BREAST PUMPS

WIC LOCAL AGENCY# _____ CLINIC # _____

Date	Client ID #	Reason For Issuance	Pump issued (-) Pumps received (+)	WIC Staff Initials
	From State		+	
	Ending Balance			

+ Document on the date the pumps are received in your clinic